

# DISPOSAL SITE LETTER OF AUTHORIZATION

## Department of Public Health

**Applicant:** Fill out the top part and submit copies of this letter to (1) the disposal site operator and (2) the sewerage authority for authorization. Return with your application to the Seattle-King County Health Department, First Interstate Center, 999 - 3<sup>rd</sup> Avenue, Suite 700, Seattle, WA 98104-4099.

\_\_\_\_\_  
Name of Firm  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
Zip  
\_\_\_\_\_  
Name of Applicant  
\_\_\_\_\_  
(\_\_\_\_\_)\_\_\_\_\_  
Phone

Boundaries of Collection Area: \_\_\_\_\_

Disposal Site to be Used: \_\_\_\_\_  
Name of Site

\_\_\_\_\_  
Address

Disposal site owner/operator should complete #1 and #3; sewerage authority should complete #2 and #3, below.

1. Firm or agency owning/operating disposal site \_\_\_\_\_

\_\_\_\_\_  
Mailing Address  
Person authorizing sewer use:  
\_\_\_\_\_  
City  
\_\_\_\_\_  
Zip  
\_\_\_\_\_  
(\_\_\_\_\_)\_\_\_\_\_  
Phone

\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Position  
\_\_\_\_\_  
Signature

2. Name of sewerage authority \_\_\_\_\_

\_\_\_\_\_  
Mailing Address  
Authorized by:  
\_\_\_\_\_  
City  
\_\_\_\_\_  
Zip  
\_\_\_\_\_  
(\_\_\_\_\_)\_\_\_\_\_  
Phone

\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Position  
\_\_\_\_\_  
Signature

3. Time period of authorization \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Authorization permit or account No. \_\_\_\_\_

Authorized Collection Vehicles (For additional vehicles attach a sheet of paper with the information requested)

Make and Model	License Number	Capacity in Gallons

Disposal Product Authorized: ☐ Septage from cleaning of septic tanks, grease traps, etc.  
☐ Chemical toilet waste  
☐ Other - Describe  
Conditions of Authorized: ☐ Submit copy of current Seattle-King County Health Department  
Sludge Hauler's Registration  
☐ Other \_\_\_\_\_